## Michigan Department of Labor & Economic Growth

MICHIGAN LIQUOR CONTROL COMMISSION (MLCC) 7150 Harris Drive, P.O. Box 30005 – Lansing, Michigan 48909-7505

## **CHANGE OF NAME STATEMENT**

INSTRUCTIONS: The <u>licensee</u> must complete and return this statement to change the license record. **If a new spouse is being "added" to the license please request change of license forms by calling 517-322-1345** (the necessary form you receive will correspond to the type of license held). This form is authorized by the Michigan Liquor Control Act, PA 85 of 1998 as amended.

		of	
,	LICENSEE	ADDRESS	STREET and NUMBER
	CITY OR VILLAGE	ZIP CODE	COUNTY
∕lake t	he following statements to the Mich	nigan Liquor Control Com	mission as my request to change my name fron
		to	
			MARRIED NAME
n	· · · · · · · · · · · · · · · · · · ·		
		TYPE OF LICENSE	
1.	Neither I, nor my spouse hold any position, either by appointment or election, which involves the duty to enforce any penal laws of the United States of America, or the penal laws of the State of Michigan (civil defense volunteer policemen, mayors, village presidents, and members of the city councils are not considered to be law enforcement officers).		
2.	Neither I, nor my spouse hold any type of license for the manufacture or sale of alcoholic beverages at wholesale in Michigan, nor any interest (stockholder) in any class of license for the sale of alcoholic liquor in Michigan which would be in conflict with the granting of this license(s).		
3.	I understand that the falsification of the information on this form may constitute grounds for denial or revocation of the license(s).		
	Signature of Licensee		
	Date		